



To prevent delay, please be sure to complete **both sides** of this form **in full**. Please print clearly or type. **DO NOT** include your **Social Security Number** on this form or in any accompanying documents.

[illegible]

10. Have you complained to the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When _____ Action taken? _____ _____	

11. With what other agency have you filed this complaint?	
Agency _____ Action taken? _____ _____	

12. Have you contacted a private attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Have you started court action? If YES, please attach a copy of all court papers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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14. Have you been sued over this issue? If YES, please attach a copy of all court papers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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15. Please describe your complaint in detail. Attach extra sheets if necessary	
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Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents.) Please print clearly or type. **DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER**

16. How would you like your complaint resolved?	
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I certify that the information in this complaint is true and accurate to the best of my knowledge. I consent to the release of any information to the Consumer Protection Division relating to this complaint. I understand that I should not include my social security number in any information submitted to the Consumer Protection Division. If I do provide my social security number, I expressly consent to the disclosure of my social security number in accordance with Indiana Code § 4-1-10-5(2).

What Will Happen Now? What Else Should You Do?
The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you should contact a private attorney or your local small claims court.

Mail Completed Forms to: Attorney General Steve Carter Consumer Protection Division Government Center South, 5 th floor 302 West Washington Street Indianapolis, IN 46204 <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> 317-232-6330 (Phone) 317-233-4393 (Fax) www.in.gov/attorneygeneral </div>
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